

Work Order ID 92480

92480

Page 1

October-31-12 10:10:20 AM

Item ID: 647.0112

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Strut Bracket

Start Date: 10/31/12 Start Qty: 8.00

8

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12-11-01

Tooling:

Date:

Run · Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
647.0100	A

100 0.00

100 FLOW WATER JET

Waterjet

Memo

0.00

8 0 Jm 12-11-10

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

110 QC2- Inspect parts off machine FAI/FAIB 0.00

110

QC

Memo

0.00

8 0 Jm 12-11-10

Quality Control

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General								
Bending	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced		
Centre Not Concentric to O/S	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure		
Cracks	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld		
Crushed/Crimped.	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled		
Cuffs	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>			
Heat Treat	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
Inspection Strip in Tube	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other		
Ripples in Bend	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>			
Torque Waves in Extrusion	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
Turning Sequence	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			
Wave/Twist in Tube	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>			

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Page 2

October-31-12 10:10:20 AM

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Item Name: Strut Bracket

Stop

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Start Date: 10/31/12 Start Qty: 8.00

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Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan:

Date: _____

Tooling:

Date: _____

Run

Start

NR1

QC:

Date: _____

SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC8- Inspect parts - second check

0.00

DAS

15

8.89

12/11/13

8

120

QC

Quality Control

130

Form as per dwg

0.00

8

12-12-5

130

Brake NC

Brake NC

Memo

0.00

USE DT9834 FOR FORMING

140

QC5- Inspect part completeness to step on W/O

0.00

DAS

15

8.89

0.00 12/11/13

8

140

QC

Quality Control

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	General			Grain	Ovalized	Pressure/Forced	
Centre Not Concentric to O/S				BOM/Route				Hardware	Over/Under tolerance	Temperature/Cure	
Cracks				Broken/Damaged				Inspection Incomplete	Part Incorrect	Weld	
Crushed/Crimped				Burrs				Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled	
Cuffs				Contamination				Maintenance	Part Moved		
Heat Treat				Countersink				Mislabeled	Positioned Wrong		
Inspection Strip in Tube				Cut Too Short				Misread	Power Loss/Surge		
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			

Work Order ID 92480

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Page 3

October-31-12 10:10:20 AM

Item ID: 647.0112

Accept

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NS1

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Item Name: Strut Bracket

Stop

NS2

Start Date: 10/31/12 Start Qty: 8.00

8

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

150

SprayPaint

Spray Painting

0.00

8

0

0

A

12-12-15

Memo

0.00

PRIME AS PER DWG NOTE 6

PR-148 PRIMER BATCH: 123693

160

QC14- Inspect Spray Paint

0.00

8

DAS
05
12-12-18

160

QC

Quality Control

Memo

0.00

170

Identify as per dwg & Stock Location 139A

0.00

170

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

123693 C

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

Work Order ID 92480

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October-31-12 10:10:20 AM

Page 4

Item ID: 647.0112

Accept

N900040100

Setup

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NS1

Revision ID:

Item Name: Strut Bracket

Stop

NS2

Start Date: 10/31/12 Start Qty: 8.00

8

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

13/11/10 AF

180

QC

Quality Control

Memo

0.00

cmf
13-01-09

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order:		DISPOSITION			AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
NCR No. _____		Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
		Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

Picklist Print

October-31-12 10:10:19 AM

Page 1

Work Order ID: 92480

Parent Item: 647.0112

Parent Item Name: Strut Bracket

Start Date: 10/31/12

Required Date: 11/09/12

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A 12.08.14 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S14GA 304SS sheet .080		Purchased	No			100	sf	31.0400	0.0325	0.2736842 0.3		Jm 12-11-10	

Location	Loc Qty	Loc Code
MAT020	31.04	
117933	3.6	
119276	27.44	119276

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS										
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>									
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	<input type="checkbox"/>			Bend	<input type="checkbox"/>			Grain	<input type="checkbox"/>			Ovalized	<input type="checkbox"/>			Pressure/Forced
Centre Not Concentric to O/S	<input type="checkbox"/>			BOM/Route	<input type="checkbox"/>			Hardware	<input type="checkbox"/>			Over/Under tolerance	<input type="checkbox"/>			Temperature/Cure
Cracks	<input type="checkbox"/>			Broken/Damaged	<input type="checkbox"/>			Inspection Incomplete	<input type="checkbox"/>			Part Incorrect	<input type="checkbox"/>			Weld
Crushed/Crimped	<input type="checkbox"/>			Burrs	<input type="checkbox"/>			Instructions Incomplete/Unclear	<input type="checkbox"/>			Part Lost/Missing	<input type="checkbox"/>			Wrong Stock Pulled
Cuffs	<input type="checkbox"/>			Contamination	<input type="checkbox"/>			Maintenance	<input type="checkbox"/>			Part Moved	<input type="checkbox"/>			
Heat Treat	<input type="checkbox"/>			Countersink	<input type="checkbox"/>			Mislabeled	<input type="checkbox"/>			Positioned Wrong	<input type="checkbox"/>			
Inspection Strip in Tube	<input type="checkbox"/>			Cut Too Short	<input type="checkbox"/>			Misread	<input type="checkbox"/>			Power Loss/Surge	<input type="checkbox"/>			
Ripples in Bend	<input type="checkbox"/>			Drill Holes	<input type="checkbox"/>			Offset	<input type="checkbox"/>			Other	<input type="checkbox"/>			
Torque Waves in Extrusion	<input type="checkbox"/>			Drawing	<input type="checkbox"/>			Out of Calibration	<input type="checkbox"/>				<input type="checkbox"/>			
Turning Sequence	<input type="checkbox"/>			Finish	<input type="checkbox"/>			Out of Sequence	<input type="checkbox"/>				<input type="checkbox"/>			
Wave/Twist in Tube	<input type="checkbox"/>			Folio	<input type="checkbox"/>			Outside Dimensions	<input type="checkbox"/>				<input type="checkbox"/>			

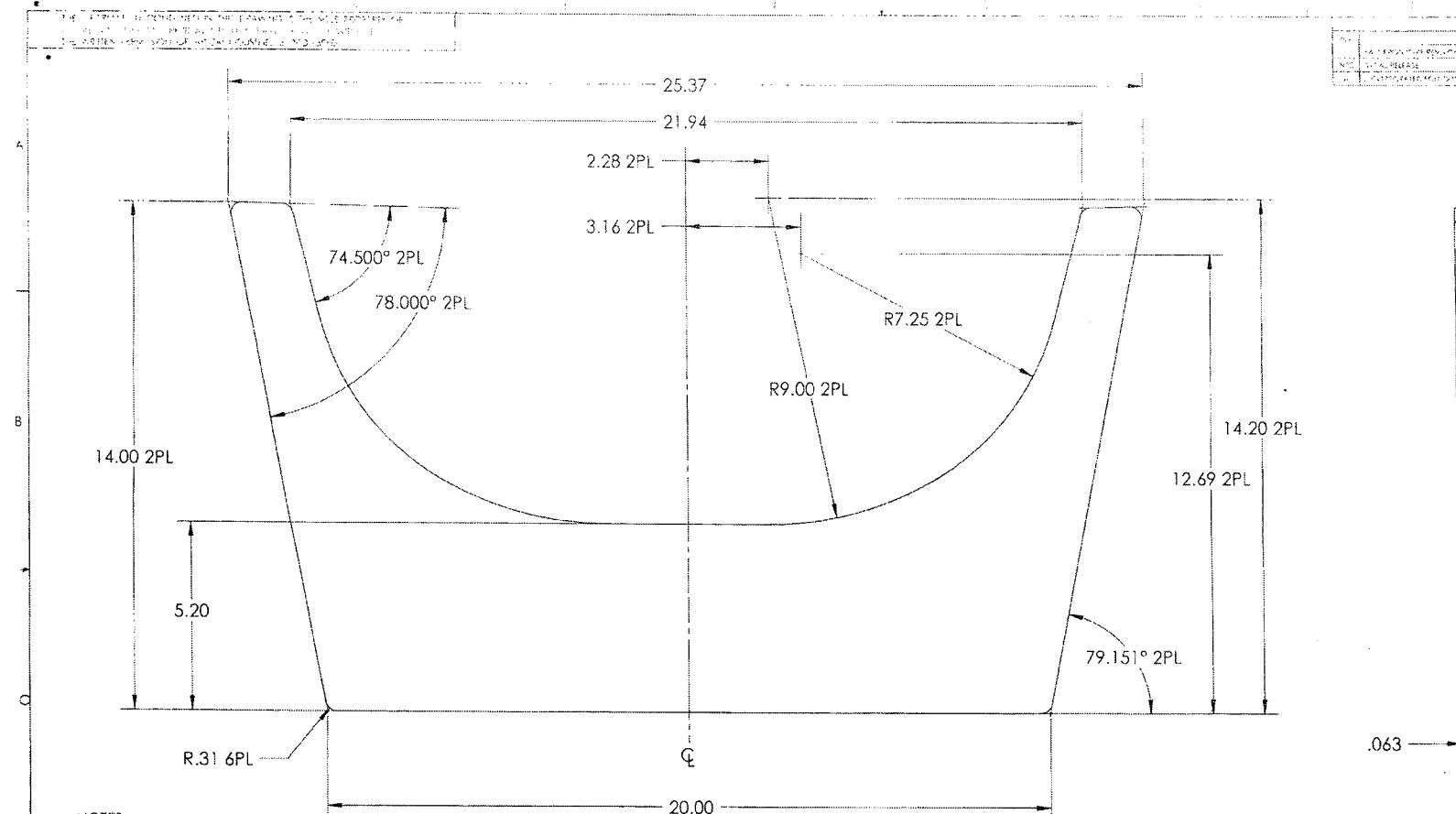
DART AEROSPACE LTD	Work Order:	92480
Description: Strut Bracket	Part Number:	647-0112
Inspection Dwg: 647-0112 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	Jm	Audited by:	AS 15	Preliminary Approval:	
Date:	12-11-10	Date:	12-11-10	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15.

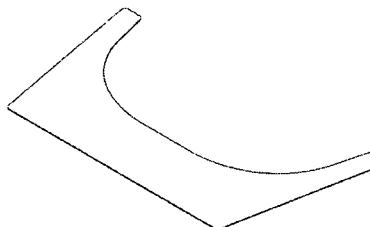


SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 92480 MJS

12-11-01

NOTES:

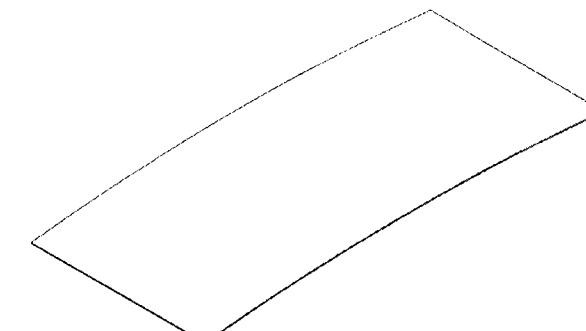
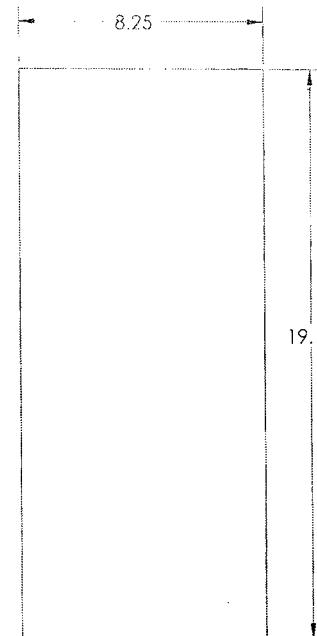
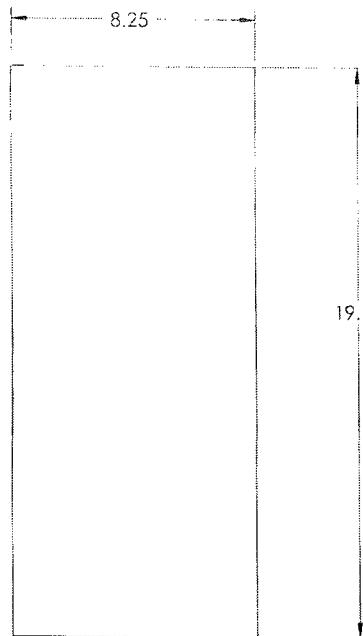
-  MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4.
 -  FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,
CLASS 2, COLOR BLACK;
PRETREAT PR-148 ADHESION PROMOTER;
PRIME IAW MIL-P-2337J TYPE I CLASS N.
 - 3. DEBURR AND BREAK ALL SHARP EDGES.
 - 4. IDENTIFY IAW MPP-120.
 -  MATERIAL: 304 SS IAW AMS 5643.
 -  FINISH: PRIME IAW MIL-P-2337J TYPE I CLASS N.



647.011C

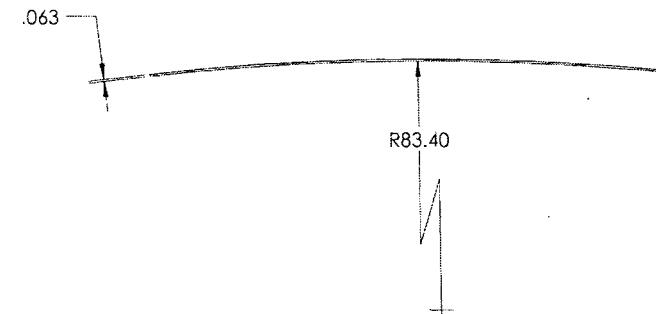
92480

ALL DIMENSIONS ARE IN INCHES. UNLESS OTHERWISE SPECIFIED
DIMENSIONS ARE IN INCHES.
1 PLATE THICKNESS: .063
2 PLATE THICKNESS: .063
3 PLATE THICKNESS: .063
4 PLATE THICKNESS: .063



647.0111

FLAT PATTERN



ORIGINAL DATE 2000-01-07	REVISED 09-05-00
DRAWN BY J. REAVO	CHECKED J. REAVO
SUPERVISED BY J. REAVO	GRADING APPROVAL J. REAVO
CONTRACTING NO.	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 1 PLATE THICKNESS: .063 2 PLATE THICKNESS: .063 3 PLATE THICKNESS: .063 4 PLATE THICKNESS: .063	
SUB-CASH CODE: B 07M76	DMC. NO.: 647.0100
SCALE: NONE	REV: A
SHEET 2 OF 6	

APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

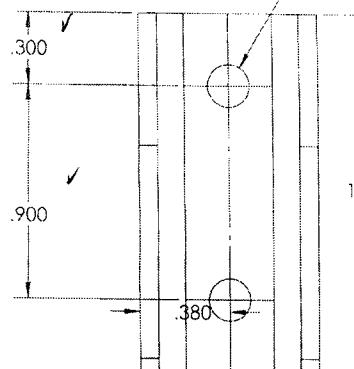
SHEETMETAL

92480

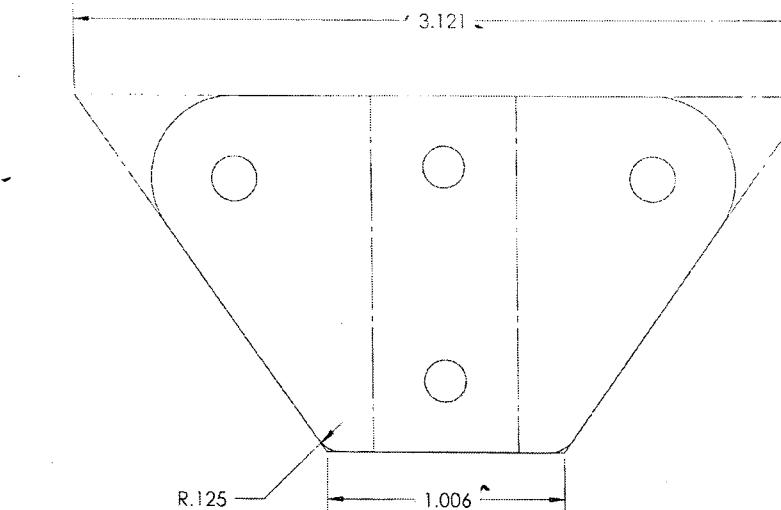
THE CONTINUED USE OF THIS DRAWING IS THE SOLE PROPERTY OF
APICAL INDUSTRIES INC. NO PARTS OR ASSEMBLIES MAY BE
MADE OR USED WITHOUT THE WRITTEN CONSENT OF APICAL
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1	2	3	4	5	6	7	8

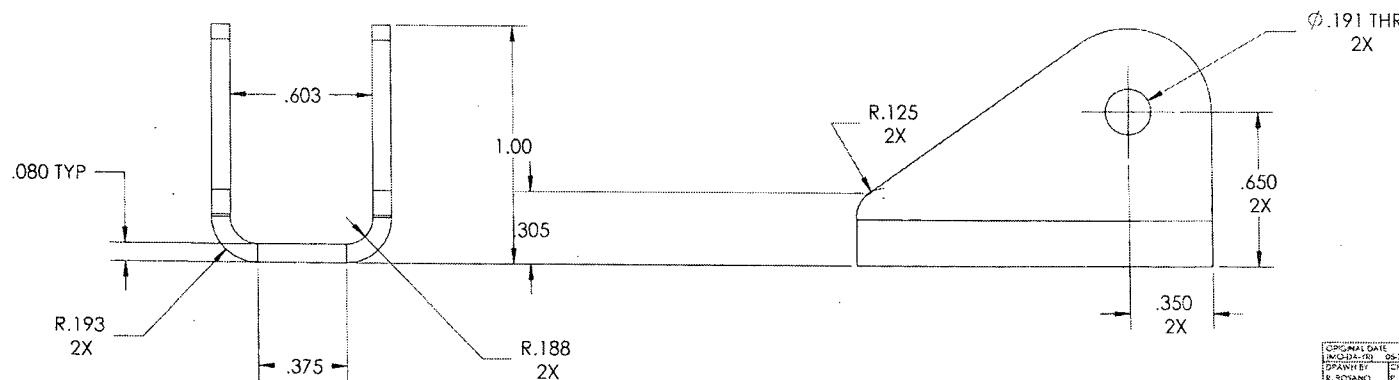
Φ.177 THRU
2X



FLAT PATTERN



647.0112



ORIGINAL DATE 05-22-09	REVISION 0	SPANNED BY P. BRAVO
DRAWING APPROVAL P. BRAVO	RELEASER P. BRAVO	CONTRACT NO.
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES FOR ANGLES, APEX SPECIFICATIONS 2 DEG ANGLE DEGREES 2 MIL ANGLES Y MIL	SHEET NUMBER B 07M26	REV A
	SCALE NONE	SHEET 3 OF 6

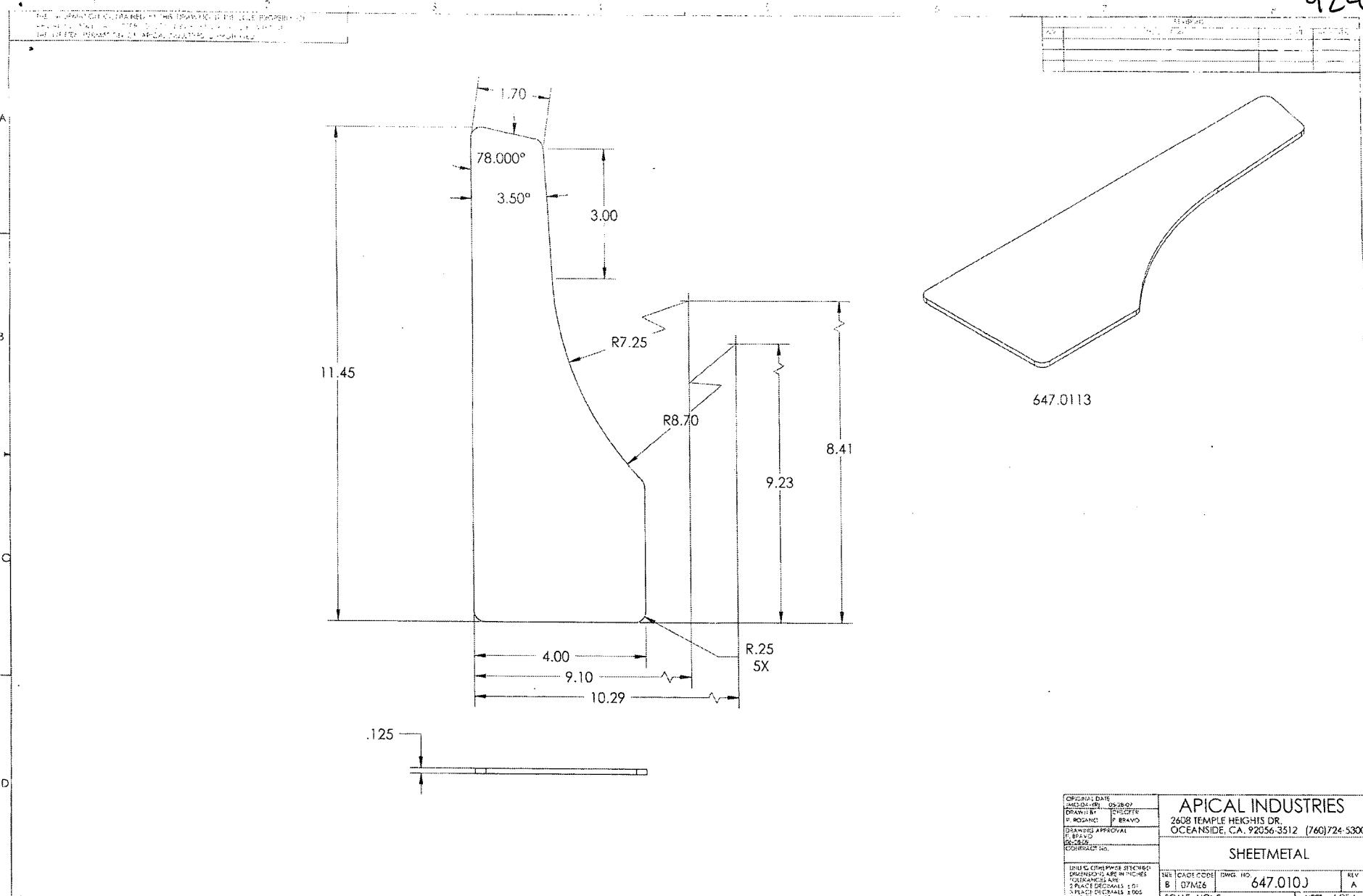
APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEETMETAL

647.0100

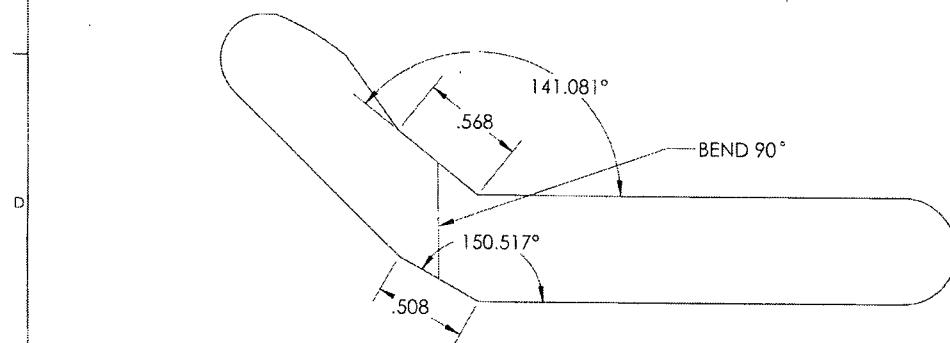
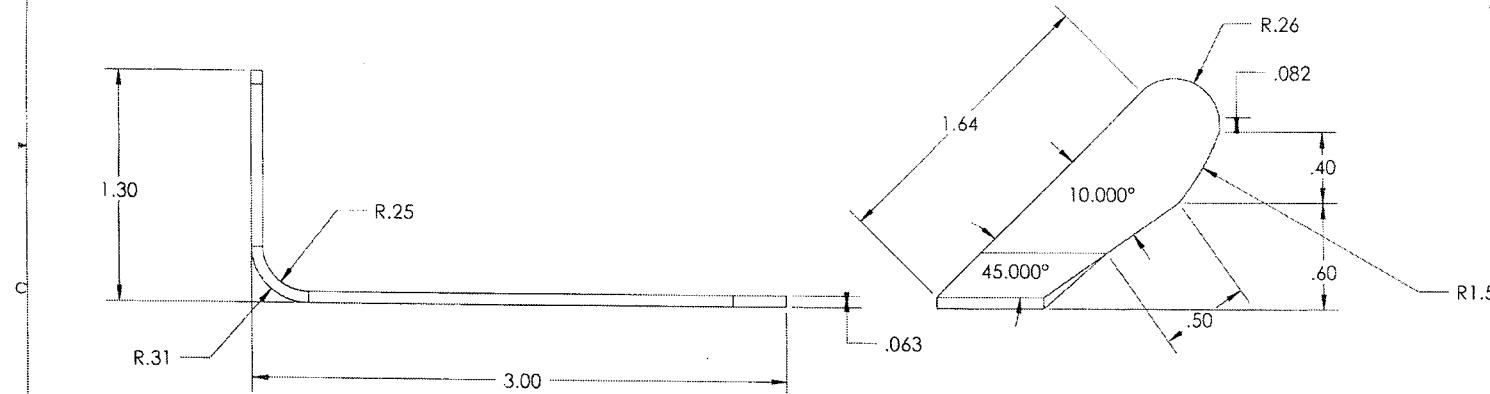
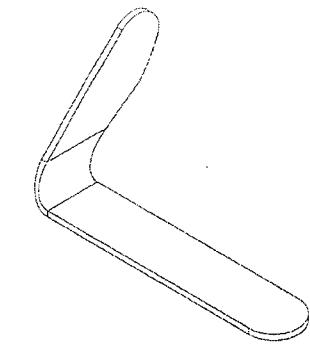
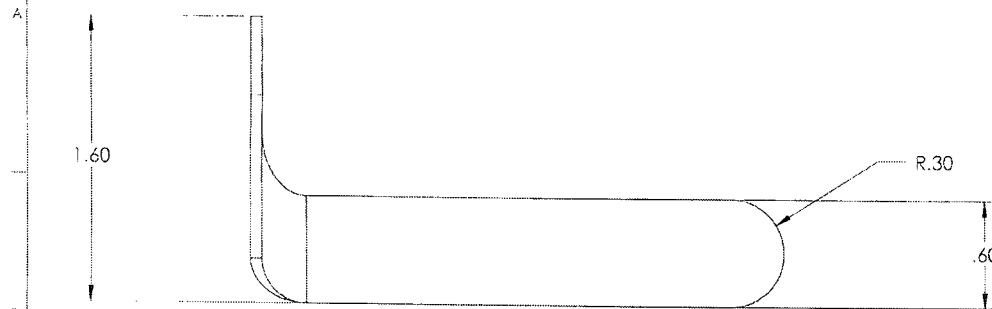
92480



92480

2
3
4
5
6
7
8

1	2	3	4	5	6	7	8



FLAT PATTERN

ORIGINAL DATE: 05-28-09	REVISION: 0
DRAWN BY: SCHNEIDER	APPROVED BY: P. LEWIS
P. ROMAN	P. LEWIS
SERIAL APPROVAL:	BRADY
05-28-09	05-28-09
CONTRACT NO.	
UNLESS OTHERWISE SPECIFIED	
DRAWINGS ARE IN INCHES	
IMPERIAL UNITS	
PLACED DRAWINGS 101	
EXCEPT DRAWINGS 1003	
AS DRAWN	
SHEET 5 OF 5	

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

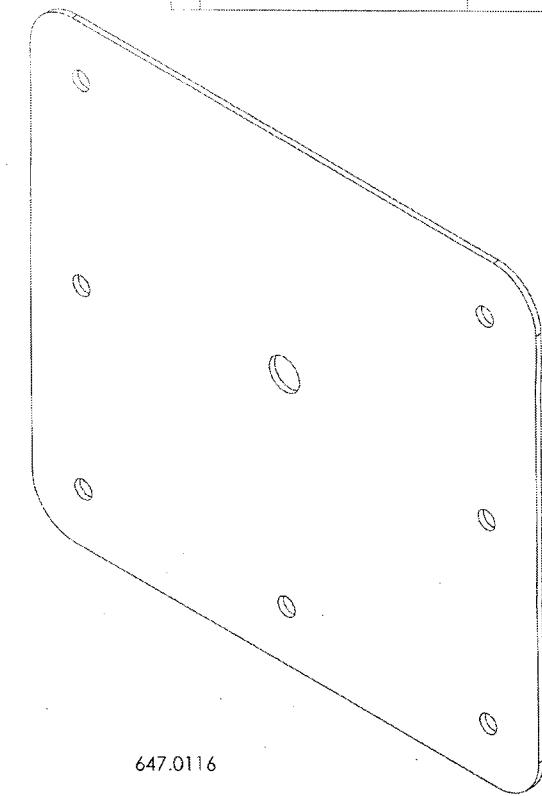
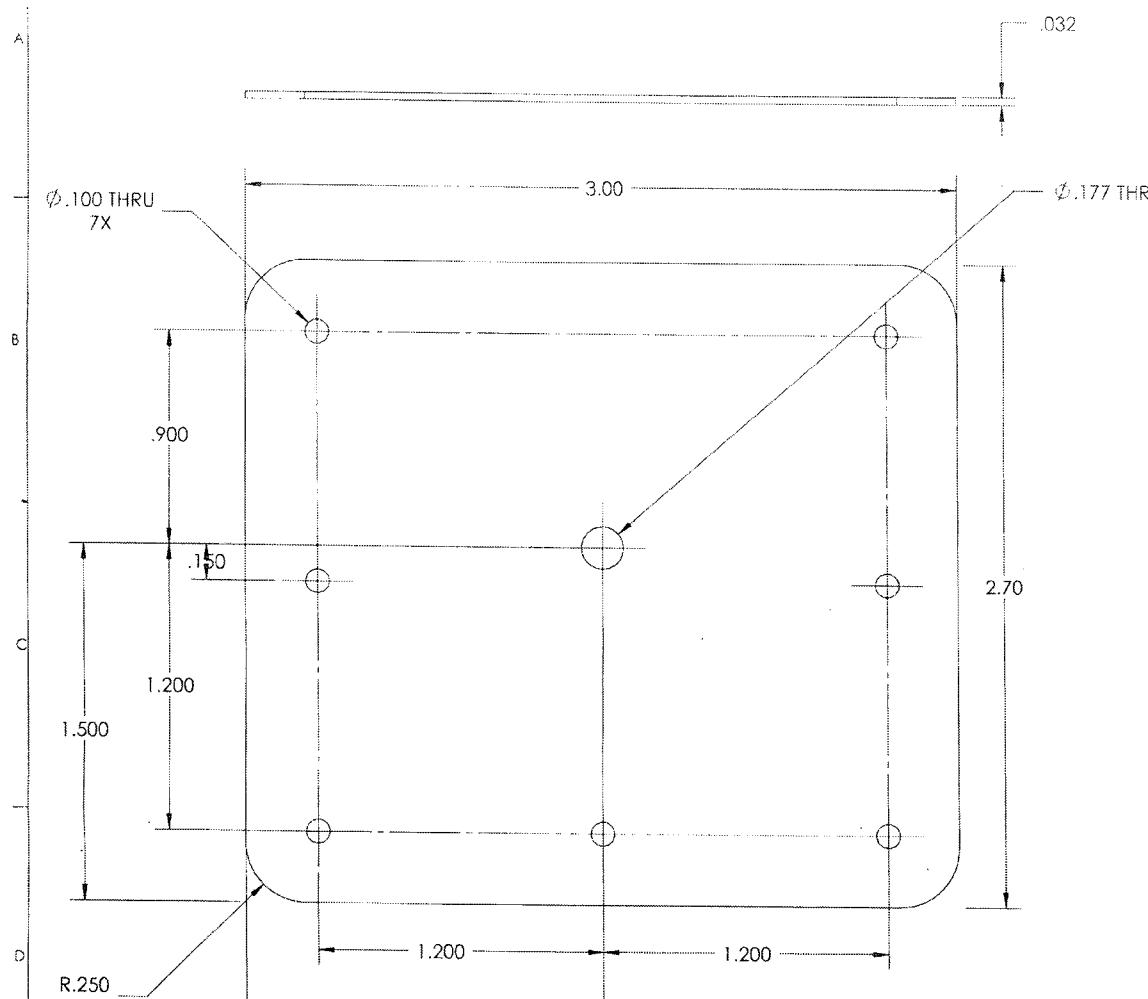
SHEETMETAL

REV A

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SHEETMETAL	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES	
ALL DIMENSIONS ARE IN INCHES	
2 PLACE DECIMALS & 000	
3 PLACE DECIMALS & 000	
SIZE B CAGE CODE 07ML6	DWG. NO. 647.0100
SCALE NONE	REV. A
SHEET 6 OF 6	